

**Notice of Action  
Medical Card Extension Program  
Initial Eligibility**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Custody Type:**    ☐ **DCF**        ☐ **JJA**        ☐ **Tribal Authority:**

Your application for the Medical Card Extension Program has been processed.  
(complete this section if application is approved)

	Your Kansas medical card eligibility begins on: (the first day of the month following the month of your release from custody of DCF, JJA or Tribal Authority)	
	Your Kansas medical card eligibility will end on: (the last day of the month of your 21 <sup>st</sup> birthday)	
	Your KAN Be Healthy eligibility will end on: (the day before your 21 <sup>st</sup> birthday)	

**KAN Be Healthy:** A client participating in the Medical Card Extension Program is eligible for KAN Be Healthy benefits including, but not limited to prescription medications, over-the-counter prescriptions, DME products, NEMT services, eye exams and eyeglasses as needed, dental service, and hearing/audiology services.

Please note: KAN Be Healthy benefits end the day before your 21<sup>st</sup> birthday. Eligibility in the Medical Card Extension Program ends the last day of the month of your 21<sup>st</sup> birthday. To maximize your benefits you will need to coordinate your services accordingly.

You are responsible to notify your local DCF office immediately if you obtain other health insurance, leave the state of Kansas, or become incarcerated at anytime while participating in the Medical Card Extension Program.

You are not eligible for the Medical Card Extension Program  
(complete this section if application is denied)

- ☐ You were released from custody of DCF, JJA or Tribal Authority prior to your 18<sup>th</sup> birthday
- ☐ You were not in an eligible placement on your 18<sup>th</sup> birthday
- ☐ Your 18<sup>th</sup> birthday was not on or after 7-1-03
- ☐ You are now 21 years of age or older

This action is based on the Kansas State Department for Children and Families Policy and Procedures Manual, section 8531-C.

If you have any questions, please contact the worker listed below:

Worker Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Worker Signature \_\_\_\_\_ Date of Notice: \_\_\_\_\_

**Right to Request a Fair Hearing** You have the right to ask for a fair hearing if you do not agree with the decision made on your case. For medical programs, you must request an appeal in writing within 30 days of the date of this notice. If your written request is received prior to the effective date of the advance action, you may continue receiving benefits at the current level if you request to do so. If you request to continue receiving benefits at the current level while awaiting the fair hearing, you may have to pay back any benefits you receive if the fair hearing decision is not in your favor. You may call (785) 296-3349 to find out if your community has a service that can give you free legal advice.

**Civil Rights Provision** If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program or activity of DCF call (785) 296-4687 for information on filing a complaint.

**Health Insurance** You must report to DCF all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medicaid, at the time of treatment.

**For appeals only**  
**TOLL FREE NUMBER 1-888-369-4777**

